

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

9128

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

2611

1. PLACE OF DEATH:

- (a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT
FULL NAMEMildred Elaine Clery

3. (b) If veteran,

name war

child

3. (c) Social Security

No. child

4. Sex

F

5. Color or

race

W

6. (a) Single, widowed, married,

divorced child

6. (b) Name of husband or wife

child

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Oct271938

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

1420

hr.

min.

9. Birthplace

Claremont Ill.

(City, town, or county)

Ill.

(State or foreign country)

10. Usual occupation

child

11. Industry or business

"

12. Name

Perry Clery

13. Birthplace

Ill.

(State or foreign country)

14. Maiden name

Barnett Chaplin

15. Birthplace

Ill.

(State or foreign country)

16. (a) Informant's own signature

F. Hopf

(b) Address

5005 Kings Highway

17. (a)

Funeral

(b) Date thereof

3-20-40

(c) Place: burial or cremation

Funeral Home

18. (a) Signature of funeral director

Robert H. Hager

(b) Address

4700 Washington Ave.

19. (a)

MAR 19 1940

(Date received local registrar)

J. P. B. B. B.

(Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Ill.

(b) County

(c) City or town

Claremont

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

3rd

day

18th

year

1940

hour

6th

minute

20 P.M.

21. I hereby certify that I attended the deceased from

3-17

19

40

to

3-18

19

40

that I last saw her alive on

3-18

19

40

and that death occurred on the date and hour stated above.

Immediate cause of death

Edema of Lung

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on (farm, in industrial place, in public place?)

While at work?

(Specify type of place)

(or Means of injury)

23. Signature

Address

Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.